County of San Bernardino Department of Behavioral Health

Financial Interviewer Procedure - AB 2726

Effective Date Approval Date 12/26/07 12/26/07

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Purpose

To establish procedures within the Department of Behavioral Health (DBH) regarding the Financial Interviewer conducting interviews with AB 2726 clients along with their parent/guardian

Financial Interviewer Responsibility Clients requesting services from DBH will be required to speak with a Financial Interviewer prior to being seen for treatment. The interview will be conducted in person or via telephone.

Once the Office Assistant has notified the Financial Interviewer (FI) of the AB 2726 client, the FI will be required to perform the following:

| Schedule an interview with the parent/guardian and explain the |
|--|
| following information to them: |
| English Version: The purpose of the interview is to obtain certain pertinent information, even though you will not be charged for any services covered under the AB2726 program. You are not required to provide this information and any information you provide will not impact the provision of AB2726 services for your child. The information does help the department receive partial reimbursement for services provided and may impact the costs to you of any services provided that are not part of the AB2726 program. |
| Spanish Version: El propósito de esta entrevista es obtener cierta información pertinente aunque no se le cobrarán ninguno de los servicios cubiertos por el programa AB2726. Usted no está obligado a proporcionar esta información y cualquier información que usted proporcione no tendrá consecuencias sobre la provisión de servicios AB2726 para su hijo. La información ayuda al departamento a recibir el reembolso parcial de los servicios provistos y puede tener consecuencias sobre los costos de cualquiera de los servicios provistos que no forman parte del programa AB2726 y que usted paga. |
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| Services that are not part of the AB 2726 program include, but are not limited to: | | |
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| a Laboratory work | | |
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| Crisis interventions, and | | |
| Other services not specified as required for a child's | | |
| | form the constitution Process | |
| Obtain the following information from the parent/guardian: | | |
| Name and date of birth of the immediate family members residing in the household | | |
| | ured name, name of insurance, | |
| insurance phone number and policy number) | | |
| Name of employer for the insure | red person | |
| Note: The Financial Interviewer | will request the above | |
| information, but AB 2726 clients are not required to provide | | |
| insurance or family member info | | |
| Provide the parent/guardian with a Client Payment Agreement | | |
| form to sign, which will indicate their responsibility to pay for the | | |
| charges that are not covered by the AB 2726 program Set the AB 2726 client at full pay in SIMON, unless they have | | |
| Medi-Cal coverage. | | |
| | | |
| If | Then | |
| | They will be linked to an | |
| | Eligibility Worker to apply for Medi-Cal or if indicated given | |
| | a financial code of D17 | |
| | a illiational code of D17 | |
| (UMDAP) process | | |
| Provide an Identification Card to | the client if the interview is in | |
| person; if the interview is via telephone, the OA will provide the | | |
| Identification Card. | | |
| The I.D card will include the following client information: | | |
| Chart and account number | | |
| | | |
| | period | |
| Expiration date of their habitity | | |
| Important: Clients are required reviewed based on the expiration | | |
| | Laboratory work Purchase of medications Inpatient hospitalization Psychological testing Crisis interventions, and Other services not specified as educational process Obtain the following information Name and date of birth of the iresiding in the household Any insurance information (insinsurance phone number and process) Note: The Financial Interviewer information, but AB 2726 clients insurance or family member information, but AB 2726 clients insurance or family member information, but AB 2726 clients insurance or family member information, but AB 2726 clients insurance or family member information, but AB 2726 clients insurance or family member information to sign, which will indicate to charges that are not covered by Set the AB 2726 client at full pay Medi-Cal coverage. If It appears the client may qualify for Medi-Cal or other financial services through the Uniform Method of Determining the Ability to Pay (UMDAP) process Provide an Identification Card to person; if the interview is via telested interview is via telested telested interview is via telested interview is via telested interview is via telested. | |

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Note: At the discretion of the Clinic Supervisor, on a case-by-case basis, the case will be reviewed to determine if a fee waiver or reduction of fees will be submitted to the Program Manager for the approval of the Department's Director.